



Westfield Public Works
2706 E. 171st Street
Westfield, Indiana 46074
Office: (317) 896-5452
Fax: (317) 867-0202

Instructions for Submitting Job Application

- Print off the second and third pages of this document titled “Employment Application”
- Fill out the form in its entirety and insure it has been signed and dated
- You may fax the application, but the **original must be mailed to the above address**



WESTFIELD PUBLIC WORKS

HF 100

Westfield Public Works

DATE completed: _____

EMPLOYMENT APPLICATION

Name: _____

Other names used in previous Employment/Education Records)

Mailing Address: _____

Street

City

Zip

Telephone: Day () _____ Evening _____ S.S.# _____

Position Applying For: _____ Referred by: _____

Type of Employment Desired: _____ Full-time _____ Part-time _____ Summer _____ Co-op _____ Temporary

Were you ever previously employed by the Westfield Public Works? _____ Yes _____ No

If Yes, list dates, location(s) and position(s): _____

Are you at least 18 years of age: _____ Yes _____ No If you are under 18 and it is required, can you furnish a work permit? Yes _____ No _____

Are you able to perform the functions of the job for which you are applying with or without reasonable accommodation? Yes _____ No _____

If hired for a position requiring driving, can you provide a current drivers license for yourself? _____ Yes _____ No

Have you even been convicted of a felony? _____ Yes _____ No If yes, explain:

(In CA, exclude convictions ordered sealed, expunged or statutorily eradicated)

(A yes answer will not necessarily disqualify you from employment. Conviction will not necessarily be a bar to employment. Factors such as the date and nature of the offense and its relationship to the position for which you are applying will be considered.)

EDUCATION					
School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma Earned
High School					
Business Trade/Technical					
College					
Graduate School					

Professional Licenses or Certificates: _____

If your application is considered favorably, on what date can you start? _____

Can you provide references? _____ Yes _____ No

EMPLOYMENT - Complete all information for each position held, most recent first, and explain any gaps in employment.

1		Telephone
		Employed - (Month & year) From _____ To _____
		Salary Start _____ Last _____
		Reason for Leaving
2		Telephone
		Employed - (Month & year) From _____ To _____
		Salary Start _____ Last _____
		Reason for Leaving
3		Telephone ()
		Employed - (Month & year) From _____ To _____
		Salary Start _____ Last _____
		Reason for Leaving
4		Telephone ()
		Employed - (Month & year) From _____ To _____
		Salary Start _____ Last _____
		Reason for Leaving

U.S. Military Service: ____ Yes ____ No

Are you presently authorized to work on a full-time basis in the United States? ____ Yes ____ No

Will you now or at some future time require sponsorship for an employer sponsored visa status. (e.g., H-1 status)? ____ Yes ____ No

READ CAREFULLY BEFORE SIGNING

I understand and agree that my submission of this application and my signature below indicate that I certify that the above information is true and complete to the best of my knowledge, and that I understand and agree as follows: Any misrepresentation, omission, or false statement contained in or supplied by me in connection with my application, resume, or drug test will be cause at anytime for cancellation of any job offer, dismissal, and/or negation of any additional employment consideration or agreement(s). In connection with my application for employment, WPWD, its employees and its agents are authorized by me to conduct a background investigation to assess my suitability for employment, and may contact any sources necessary to do so. I hereby release WPWD, its employees, agents, officers, affiliates, successors and assigns, and any persons or entities contacted by WPWD in order to undertake an investigation of my suitability for employment, from any legal claims I might assert arising from such investigation (including, but not limited to, claims for invasion of privacy and defamation). I authorize the release of all information from schools, employers, and any public records, as may be needed by WPWD to complete the processing of my application for employment. If employed by WPWD, employment will be and remain at will, unless otherwise provided by a collective bargaining agreement or a written agreement signed by me and an officer of the Company. This means that I will have the right to end my employment at any time for any or no reason, with or without notice or cause, and WPWD will have the same right. WPWD does not enter into oral contracts of employment. Any offer of employment I may receive will be conditioned on: the results of any investigation by WPWD of my suitability of employment; my undergoing and the results of a drug test; my ability to meet the qualifications for the position in question; and my providing required documentation of my identity and legal eligibility to work in the U.S. If I am hired, I may be required to produce other documentation such as any current driver's license I may have, record of birth, etc. This application is valid for consideration only for the specific position for which I have applied, thereafter, I must reapply if further interested in employment. **No effort will be made to contact my present employer prior to my accepting an employment offer unless I have so authorized by initialing the following _____.**

Signature of Applicant _____

Date _____